FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90014 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054744

U.W.C. MAINTENANCE CORPORATION

Principal Place of Business Mailing Address 2090 PALM BEACH LAKES BLVD SUITE 200 2090 PALM BEACH LAKES BLVD SUITE 200 WEST PALM BEACH FL 33464 WEST PALM BEACH FL 33464 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/25/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0555703 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DEAN, PATRICIA B Street Address (P.O. Box Number is Not Acceptable) 2235 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 83 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE DEAN, PATRICIA B NAME 1.2 NAME 2235 OKEECHOBEE BLVD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIF 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition **VCFO** 2.1 TITLE ☐ Change TITLE FRYE, GLEN NAME 2.2 NAME 2090 PALM BEACH LAKES BLVD SUITE 200 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33464 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 51 TID F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE TITLE ☐ Change ☐ Addition 6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed ent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

CR2E034 (11/98)